## **Progress Note**



Patient Name		Inmate Number	Booking Number	Date of Birth	Today's Date				
ALLERGIES									
Time	Comments:								
	·								





TRANSFER FORM (INTRA-SYSTEM)

Inmate Name		ID#		DOB	Date
15		T			
Facility		10:	Facility	=	
TRANSFER INFORM	IATION				
Current M Code	Reason				
	eated for an <u>acute</u> medic			chronic illness?	□ Yes □ No
LAST CIC Date:	Last H&P	Date:	Allergie	s	
Current ADA accomm Special Needs (crutch	nodation? □ Yes □ Nones; bottom bunk, diet) _	o If Yes, Describe	Equi	pment sent? DY	es 🗆 No
	appointments that would			☐ Yes ☐ No	
If PPD needed, please	nted Results_ e plant, read ( if 48-72hrs PD unless CXR obtaine	since plant) and doc	tive: Last CXR ument before ser	Results	f the facility.
ALERTS: CHECK ALI Mental Health: SFI _ If any of the above c	L THAT APPLY Violent Behaviors_ ontact MH provider bef	Self Harm ore transfer	_ Acute Suicidal I	deation Pys	chosis
REA Concern: D YDETOX: Active (mus	<b>es □ No</b> Perpetrat thave provider order to s	or Victim_ end) Currentl	y Stable C	IWA COW	s
Active INFECTION: D	escribe				
Send MAR and r	medications with In	mate on transfer	*		
Print Name	Signature:	Title	Date:	Т	ime
RECEIVING INFORM	ATION				
Inmate Appearance: [	Normal □ Abnormal □ Abnormal □ Abnormal □ Abnormal □ Abnormal □ All	ıl (e.g. sweating, trem onormal Take Vitals &	nors, anxious, dis k Describe	heveled, body defo	ormities, gait,
/ital Signs: BP	P	O2R_	т_		
s H&P current? □ <b>Y</b> es s Chronic Care current DISPOSITION	es 🗆 No nt? 🗆 Yes 🗀 No 🗓	If no, schedu N/A If no, schedu	le: Date le: Date	_	
☐ General Population	☐ Other unit_ with the Following Refer reatment:	ral: 🗆 Medical	☐ Mental hea	alth   Dental	
)					
Print Name	Signature		Title	Date:	Time